

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2	1					
3	1					
4		3				
5		3				
6		3				
7		3				
8		3				
9		3				
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13		3				
14		3				
15	1					
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17	1					
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50						
TOTAL IND.	10					
TOTAL DEP.	60					
TOTAL CLAIMS	70					

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